

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/26/2014	
NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F000000	<p>This visit was for an Initial Certification and State Licensure Survey.</p> <p>Survey dates: February 24, 25 and 26, 2014</p> <p>Facility number: 013019</p> <p>Survey team: Karina Gates, Generalist, TC Courtney Mujic, RN Tom Stauss, RN Beth Walsh, RN</p> <p>Census bed type: SNF: 3 Residential: 7 Total: 10</p> <p>Census payor type: Other: 10 Total: 10</p> <p>Sample: 3 Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>		F000000	<p>This plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000468 SS=B	<p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</p> <p>The facility must equip corridors with firmly secured handrails on each side.</p> <p>Based on observation and interview, the facility failed to ensure handrails were affixed to the wall in the corridor leading to the dining area. This had the potential to affect 2 of 3 residents who were independently mobile out of a total of 3 residents residing in the facility. (Resident # 1 & #2)</p> <p>Findings include:</p> <p>An observation, on 2/25/2014 at 9:45 am, of the Hinkle skilled nursing corridor, indicated there were no handrails present on the walls for approximately 10 feet immediately leading up to the dining area.</p> <p>An interview with the Administrator, on 2/26/2014 at 12:20 pm, indicated she was unsure why the handrails ended approximately 10 feet before the dining area. She indicated she did not think this would impact residents because there was enough staff available to assist the residents to the dining area.</p>		F000468	<p>Corrective actions accomplished for those residents found to have been affected by the alleged deficient practice: We have contracted with Fredericks Contractors to install the handrails in the skilled hallways adjacent to the skilled dining room. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All health center residents are potentially affected, and all are currently being escorted by nursing staff to and from the skilled dining room until the installation of the handrails is completed. Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: Contractors will install handrails to the corridor walls adjacent to the skilled dining room no later than March 17, 2014. In the meantime, nursing staff is assisting all Health Center residents to and from the skilled dining room. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: Director of Plant Operations will ensure proper installation of the handrails</p>		03/11/2014	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>An interview with RN#1, on 2/26/2014 at 12:25 pm, indicated there were two residents who were independently mobile.</p> <p>An interview with Resident #1, on 2/26/2014 at 12:35 pm, indicated she was independently mobile with the use of a walker or a wheelchair.</p> <p>An interview with Resident #2, on 2/26/2014 at 12:40 pm, indicated she was independently mobile with the use of a walker or a wheelchair.</p> <p>3.1-19(f)(3)</p>			and will maintain the handrails to ensure they remain in place.Date: 3/11/14			